

10/20/00  
12/26/00

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIAL	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	Y6	956	12/26/00
<b>RESPONSE FORMALITY REVIEW</b>	M.H.	625	06-12-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/26/00
2	✓	✓	12/26/00
3	✓	✓	12/26/00
4	✓	✓	12/26/00
5	✓	✓	12/26/00
6	✓	✓	12/26/00
7	✓	✓	12/26/00
8	✓	✓	12/26/00
9	✓	✓	12/26/00
10	✓	✓	12/26/00
11	✓	✓	12/26/00
12	✓	✓	12/26/00
13	✓	✓	12/26/00
14	✓	✓	12/26/00
15	✓	✓	12/26/00
16	✓	✓	12/26/00
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19	✓	✓	12/26/00
20	✓	✓	12/26/00
21	✓	✓	12/26/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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